FILED 526.25
Apr 09, 2005 08:00 AM
Secretary of State

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A01000001018

1. Entity Name
ALLIANT TAX CREDIT FUND XVI, LTD.

Principal Place of Business	Mailing Address
340 ROYAL POINCIANA WAY SUITE 350 PALM BEACH, FL 33480	340 ROYAL POINCIANA WAY SUITE 350 PALM BEACH, FL 33480

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03012005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1120555

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAMLIN, CURTIS D ESQ. 1205 MANATEE AVE. WEST BRADENTON, FL 34205	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	$25,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners *MAY NOT* be changed on the form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT #	A97000001827	STREET ADDRESS	
NAME	ALLIANT CAPITAL, LTD.		
STREET ADDRESS	340 ROYAL POINCIANA WAY	CITY-ST-ZIP	
CITY-ST-ZIP	PALM BEACH, FL 33480		
DOCUMENT #		STREET ADDRESS	U00000294800 04/09/05-80002-006 526.25
NAME			
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STAPLE CHECK HERE

14. *I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes*

SIGNATURE: ______________________ 3/1/05 561-833-5795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #